

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045874

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318  
1003  
11748  
FILED DEC 5 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Herculaneum	
Length of stay in 1b 1 week		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 225 Hill Street	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Maurice Anthony O'Sullivan		4. DATE OF DEATH Month Day Year Nov. 26 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 23, 1904
9. AGE (last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	
10b. KIND OF BUSINESS OR INDUSTRY Glass Mfg.		11. BIRTHPLACE (City and state or country) County Kerry, Ireland	
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Maurice O'Sullivan		13b. MOTHER'S MAIDEN NAME Mary Barrett	
14. NAME OF HUSBAND OR WIFE Helen Partney O'Sullivan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Helen P. O'Sullivan, Herculaneum, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Myeloma DUE TO (b) 203X DUE TO (c) 203X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 3 weeks (?)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11/22/63 to 11/26/63 and last saw him alive on 11/25/63 Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edward W. Gubinski M.D.		22b. ADDRESS 3701 Emerald Square	
22c. DATE SIGNED 11/27/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 29, 1963	23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Gardens	
23d. LOCATION (City, town, or county) Crystal City, Mo.			
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc., Festus, Mo.		25. DATE RECD. BY LOCAL REG. NOV 27 1963	
26. REGISTRAR'S SIGNATURE Road Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by LEROY T. LUCAS, Student Embalmer No. 697  
working under my personal supervision.

Student

LeRoy T. Lucas  
Signature of Student Embalmer

Signed

Frederick B. King

Licensed Embalmer No.

4976

P. O. Address

Festus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.